

PLACE OF DEATH

County

Oregon

Township

Ozark

or

Village

or

City

(NO.

St.

Ward)

Registration District No.

1119

File No.

3

38387

Primary Registration District No.

6278

Registered No.

3

FULL NAME

Junior Powell Williams

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

white

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

Oct

(Month)

1937

(Day)

(Year)

AGE

0 0 4
yrs. mos. ds.

If LESS than
1 day, hrs.
or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

0

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

mo

PARENTS

NAME OF FATHER

Odie Williams

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

mo

MAIDEN NAME OF MOTHER

Eva Tipton

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Bill Tipton

(ADDRESS)

Bardley mo

Filed

Nov 4

1937

J. P. Hufstedler

REGISTRAR

DATE OF DEATH

Oct

(Month)

14

(Day)

1937

(Year)

I HEREBY CERTIFY, that I attended deceased from

_____, 19____, to _____, 19____,

that I last saw h_____ alive on _____, 19____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Unknown 200 ft.
Invalid from birth.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

✓

M. D.

_____, 19____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death?

Former or
usual residence.

PLACE OF BURIAL OR REMOVAL

Bardley mo

DATE OF BURIAL

Oct 15 1937

UNDERTAKER

neighbors

ADDRESS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38387

Do not use this space.

1. PLACE OF DEATH

- (a) County Oregon Registration District No. 1119
(b) Township Agate Primary Registration District No. 6278 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Junior Powell Williams
(a) Residence, No. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
13. NAME				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
15. MAIDEN NAME				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED <u>Nov 8 1937</u> <u>J. Hufstaller</u> Local Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1937

22. I HEREBY CERTIFY, That I attended deceased from
19... to 19...

I last saw h. alive on 19... Death is said
to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Hufstaller M.D.
(Address) Alton Mo R.I.

CAUSE OF DEATH: This certificate is to be filled out by the physician or other person who has attended the deceased, and is to be filed with the local registrar. It may be required to be filled out by the local registrar if no other person is available. It is to be filled out in red ink.

REGISTRARS SHALL NOT RECEIVE A FEE FOR THIS SERVICE. IF THEY ARE COMPLETED AS PRESCRIBED BY LAW.

